

FOR STATE USE ONLY	
RI Account #:	_____
DATE:	_____
AMOUNT:	_____
RECEIPT #:	_____
CHECK #:	_____

RI Department of Labor & Training
Division of Occupational Safety
Elevator Unit
1511 Pontiac Avenue
P.O. Box
Cranston, RI 02920-0942
Telephone: (401) 462-8570 Fax: (401) 462-8576
www.dlt.ri.gov/occusafe

	Elevator Unit Approved General Layout
<hr/>	
Signature of Inspector	

APPLICATION FOR PERMIT TO INSTALL/ MODERNIZE VERTICAL DEVICES

An application must be submitted and approved for each unit prior to new installation or modernization. Information as to location, ownership, technical data and drawings must be accurate and complete. All applications and drawings are required to be in duplicate and must be accompanied by a fee equal to **one percent (1%)** of the contract value.

PLEASE INDICATE TYPE OF DEVICE AND PROVIDE ALL APPLICABLE INFORMATION

Date: _____ 1 % Contract Fee: _____ State ID#: _____

Elevator ___ Escalator ___ Elevette ___ Dumbwaiter ___ Material Lift ___ Vertical Wheelchair lift ___
Inclined Stairlift ___ Personnel Hoist ___ Moving Walk ___ Conveyor ___ Other ___

Elevator number (ex: 1,2,3): _____ Mfg. serial number #: _____

Location of device: _____

Name of user or facility name: _____

Name and Address of owner: _____

Owner's business address: _____

Usage (class type): Freight _____ Pass. _____ Facility usage: Commercial _____ Residential _____

Name and address of installer: _____

Name of manufacturer: _____

Contract price (excluding hoistway construction): \$ _____

Hoistway Data

Number of landings: _____ Number of entrances: front: _____ rear: _____

Material hoistway constructed of: _____ Vented: Yes _____ No: _____

Total car clearance: Top: _____ feet _____ inches Bottom: _____ feet _____ inches

Size of rails: _____ lb. per foot

Total counterweight clearance: Top: _____ feet _____ inches Bottom: _____ feet _____ inches

Size of counterweight rails: _____ lb. per foot

Type of buffers: Car: _____ stroke: _____ Counterweight: _____ stroke: _____

Depth of pit: _____ feet _____ inches Access to pit: _____

Machine Room Data

Location of machine room (roof, floor #): _____ Vented to outside air: Yes No
Temperature maintained between 50 and 100 degrees Fahrenheit: Yes No
All disconnect switches in proper location and accessible: Yes No
Oil curb installed where required: Yes No Slab depressed: Yes No

Car/Platform Data

Capacity: _____ Contract speed: _____ fpm Total car travel: _____ feet _____ inches
Size of clear floor area: _____ x _____ Clear car height: _____ Number of entrances: _____
Type of car gate or door (vertical, horizontal, folding): _____
Emergency stop switch type: _____ Telephone connected to: _____

Safety Equipment Data

Type of safety device: _____ Location: _____ How is device actuated: _____
Governor location: _____ Governor tripping speed: _____ fpm Governor switch trips at _____
Broken Rope Safety Device: _____ Contacted: Yes No Location: _____

Drive Machine Data

Type: _____ Location: _____ Diameter of sheave/drum: _____
Form of Drive: _____ Direction controlled by: _____
Voltage: _____ AC or DC Phase Machine Limits: _____ Mech. or Elect. _____
Controller or selector driven by: _____ Brake type: _____ Diameter of brake drum: _____
Cables: Hoist: Number of cables: _____ diameter: _____ construction: _____ length: _____
Governor: Number of cables: _____ diameter: _____ construction: _____ length: _____

Hydraulic Machine Data

Type of pump: _____ Motor Voltage: _____ AC-DC _____ Phase _____
Working pressure: _____ PSI relief valve setting: _____ PSI _____
Diameter of plunger: _____ Amount of oil: _____ gallons Type of oil: _____

Remarks

I hereby acknowledge that this installation shall be installed in compliance with ASME A17.1 for Passenger and Freight Elevators, ASME B20.1 For Conveyors, ASME A18.1 for Accessibility Devises, ANSI MH 29.1 for Scissor Lifts or ANSI MH 30.1 for Dock Levelers.

Signature of owner or authorized representative: _____ Date: _____